STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012497	A. BUILDING _____ B. WING _____	C 10/17/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAMPLIGHT INN AT THE LELAND	900 SOUTH A STREET RICHMOND, IN 47374

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00117002. Complaint IN00117002 - Unsubstantiated due to lack of evidence. Survey date: October 17, 2012 Facility number: 012497 Provider number: 012497 AIM number: N/A Survey team: Angel Tomlinson RN TC Census bed type: Residential: 66 Total: 66 Census payor type: Other: 66 Total: 66 Sample: 3 Lamplight Inn at the Leland was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00117002. Quality review 10/18/12 by Suzanne Williams, RN	R 000		